PTO/SB/17 (12-04v2)

Und the Paperwork Reduction Act of 1995 no pe	ersons are required to re	U.S. Patent	and Trad	emark Office: U.S. D	gh 07/31/2006. OMB 0651-0032 EPARTMENT OF COMMERCE lvs a valid OMB control number			
Effective on 12/08/2004. Sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known						
		Application Number 10/8		10/810,150	0/810,150			
		Filing Date March 26, 2004		1				
		First Named Inventor Shelley A. DiGirolamo		rolamo				
Andianat plains amall antity status. See	Examiner Name	•	L.M. Saldano					
Applicant claims small entity status. See	Art Unit		3673					
TOTAL AMOUNT OF PAYMENT (\$)	910.00	Attorney Docke	t No.					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number	Deposit Account Deposit Account Number: 07-1900 Deposit Account Name: Jensen & Puntigam PS							
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below		Charm	e fee(s) i	ndicated below e	xcent for the filing fee			
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become			•	. •	Provide credit card			
Information and authorization on PTO-2038.	public. Credit card iiii	ormation should in	ot be men	aueu on ans torm.	TOVIGE CISCIL CAIG			
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAM								
FILING FEES Small		CH FEES Small Entity	EXAM	INATION FEES Small Entity				
Application Type Fee (\$) Fee			Fee (Fees Paid (\$)			
Utility 300 150	500	250	200	100				
Design 200 100	100	50	130	65				
Plant 200 100	300	150	160	80	***************************************			
Reissue 300 150	500	250	. 600	300				
Provisional 200 100	0	0	0	0				
2. EXCESS CLAIM FEES Small I Fee (\$) Fee (\$)								
Each claim over 20 (including Reissu				50	25			
Each independent claim over 3 (inclu Multiple dependent claims	ding Reissues)			200 360	100 180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					ependent Claims			
11 - 20 or HP =0x	=	-0-		Fee (\$)	Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
<u>Indep. Claims</u>								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RC	E \$790 and One Mor	nth Extension \$12	0		\$910.00			
SUBMITTED BY								

Ĺ	SUBMITTED BY						
	Signature	Clarca Sungacu	Registration No. (Attorney/Agent) 15,763	Telephone 206-448-3200			
U	Name (Print/Type)	Clark A. Puntigam		Date_ JUN 9, 200 6			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.